

## **City of Gastonia Fire Department**

"Nationally Accredited Fire Service Agency: 2000 - 2016" 260 N. Myrtle School Rd., Gastonia, NC 28052 Office: (704)-866-6806 Fax: (704) 866-6052



## **CONSTRUCTION PERMIT APPLICATION**

Fire Suppression System:	New Install	Renovations / Modifications	
Fire Sprinkler System:	New Install	Renovations / Modifications	
		(Bldg Sqft for New Install Only)	
Fire Alarm System:	New Install	Renovations / Modifications	
		(Bldg Sqft for New Install Only)	
Flam/Comb Liquids Storage Tanks:	☐ New Install	Removal or Place Out of Service	
Above Ground	Under Ground	# of Tanks	
Other:			
Description of Work:	Plans Subm	nitted Yes No	
Project Information: (Must	t have complete address:	Street number and street name)	
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Project Name:			
Project Address:			
Owner / Tenant Name:	ner / Tenant Name: Phone #:		
Fire Protection Contractor In			
rife Protection Contractor in	iiOiiiiatiOii. (Name oi	Company applying for permit)	
Contractor:			
Telephone #:		ddress:	
Billing Address:	Ci	ity: State: Zip:	
NC State License #:	Class(es		
The undersigned makes applications	for permits and inspection	n of work described and agrees to comply with all applicable state	
and local codes and laws regulating t	he work. All fees are in ac	cordance to the Fee Schedule based on type of system or	
equipment and description of work.			
<u>Double fees v</u>	<u>vill be charged when w</u>	ork is started prior to obtaining a permit.	
Permit Fee: \$	Total Fee: \$		
Permit Fee: \$	Total Fee:\$		
Applicant Name:		Date:	
	(Please Print Clearly)		
Applicant Signature:			
FIRE DEPARTMENT USE C	ONI Y·		
Permit #	Customer #:	Account# <u>10-531-320000</u>	

Payment: Make in person (Monday – Friday, 8 am to 5 pm) or make payment by mail to the Attn: City of Gastonia Revenue Collections Office at P.O. Box 1748, Gastonia, NC 28053. DO NOT MAIL CASH. Use check or money order. Payment required for permit to be valid. Return this form with payment.